

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)	SERIAL NO. <div style="font-size: 1.5em; font-family: cursive;">10/593990</div>	FILING DATE
APPLICANT(S)		

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/		/		
3		/		/		
4		/		/		
5		/		/		
6		/		/		
7		/		/		
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11		/		/		
12		/		/		
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18		/		/		
19		/		/		
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22		/		/		
23		/		/		
24		/		/		
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26		/		/		
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42		/		/		
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46		/		/		
47		/		/		
48		/		/		
49		/		/		
50		/		/		
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						
51		/		/		
52		/		/		
53		/		/		
54		/		/		
55		/		/		
56		/		/		
57		/		/		
58		/		/		
59		/		/		
60		/		/		
61	1	/		/		
62		/		/		
63		/		/		
64		/		/		
65		/		/		
66		/		/		
67		/		/		
68		/		/		
69		/		/		
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87		/		/		
88		/		/		
89		/		/		
90		/		/		
91		/		/		
92		/		/		
93	1	/		/		
94		/		/		
95		/		/		
96		/		/		
97		/		/		
98		/		/		
99		/		/		
100		/		/		
TOTAL IND.		↓	1	↓		↓
TOTAL DEP.		←	57	←		←
TOTAL CLAIMS			58			

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/593990

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
101		/				
102		/				
103		/				
104		/				
105		/				
106		/				
107		/				
108		/				
109		/				
110		/				
111		/				
112		/				
113	1	/				
114		/				
115		/				
116		/				
117		/				
118		/				
119		/				
120		/				
121		/				
122		/				
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146						
147						
148						
149						
150						
TOTAL IND.	4	↓	1	↓		↓
TOTAL DEP.	139	←	57	←		←
TOTAL CLAIMS	143		58			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
151						
152						
153						
154						
155						
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158						
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195						
196						
197						
198						
199						
200						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						